

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR  
HEALTH FINANCING ADMINISTRATION  
DEPARTMENT OF HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 CFR 440.110 and 440.225

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Supplement to Attachment 3.1-A, page 25b

10. SUBJECT OF AMENDMENT:  
Hearing Aids

1. TRANSMITTAL NUMBER:

04 - 18

2. STATE:

Michigan

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
October 1, 2004

7. FEDERAL BUDGET IMPACT:

a. FFY 05 \$ 1.5 million  
b. FFY 06 \$ 1.5 million

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Supplement to Attachment 3.1-A, page 25b

1. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:  
Paul Reinhart, Director  
Medical Services Administration

2. SIGNATURE OF STATE AGENCY OFFICIAL:

3. TYPED NAME:  
Paul Reinhart

4. TITLE:  
Director, Medical Services Administration

5. DATE SUBMITTED:

November 24, 2004

16. RETURN TO:

Medical Services Administration  
Program/Eligibility Policy Division - Federal Liaison Unit  
Capitol Commons Center - 7<sup>th</sup> Floor  
400 South Pine  
Lansing, Michigan 48933

Attn: Nancy Bishop

**FOR REGIONAL OFFICE USE ONLY**

7. DATE RECEIVED:

11/26/04

18 DATE APPROVED:

2/4/05

**PLAN APPROVED - ONE COPY ATTACHED**

9. EFFECTIVE DATE OF APPROVED MATERIAL:

1. TYPE NAME:

Cheryl A. Harris

3. REMARKS:

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE:

Associate Regional Administrator  
Division of Medicaid and Children's Health

REC'D

NOV 26 2004

DMCH - ARA

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of Michigan

***Amount, Duration and Scope of Medical and Remedial Care  
Services Provided to the Categorically and Medically Needy***

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**12. Drug Products, Dentures, Prosthetic and Orthotic Devices, Eyeglasses (continued)**

**h. Hearing Aids**

Hearing aids and accessories are provided under the following conditions:

- A physician provides medical concurrence that there are no contraindications to the use of a hearing aid(s). A medical concurrence must be within six months prior to dispensing the hearing aid(s).
- An audiologist possessing a current Certificate of Clinical Competence from the American Speech-Language Hearing Association must complete a written recommendation for the hearing aid. Services must be provided under the auspices of (and be billed by) a Medicaid enrolled outpatient hospital or hearing and speech center.

Prior approval is not required for "standard" hearing aids if hearing loss meets Medicaid criteria. If the hearing loss does not meet the criteria or if the hearing aid is not "standard," the hearing aid dealer must obtain prior approval.

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TN No. 04-18

Approval Date                     

Effective Date: 10-01-2004

Supersedes  
TN No. 03-11